





MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:

Neal T. Gooch

Fraud Division Director:

Armand A. Glick

Department of Insurance - Overview

The Utah Department of Insurance is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The Mission of the Utah Department of Insurance is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the department will be accomplished by educating, serving and protecting consumers, governmental agencies and insurance industry participants at a reasonable cost.

We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

While one of the Department's objectives is to investigate regulatory violations, the Department's Fraud Division was created in 1996 with the mission of investigating criminal insurance fraud. The Insurance Fraud Division Investigators are Utah POST certified Special Function Police Officers.

The Fraud Division works closely with insurance company investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), as well as state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is reviewed to determine whether further investigation is merited. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Attorney Generals Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same office with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money to which they aren't entitled. Insurance Fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property/casualty claims are fraudulent.

The National Health Care Anti-Fraud Association conservatively estimates that 3% or \$70 Billion is lost to health care fraud each year. Other law enforcement estimates place this as high as 10% or \$234 Billion annually.

The Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than \$96 Billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud:

Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurer Fraud:

Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud:

Health care providers, contractors, and others may artificially inflate their billings to insurance; a dentist may bill for high noble metals while using a lower grade material for a crown; a doctor may proscribe a treatment that is not medically necessary; or a roofer damages or removes more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud Partnerships

The Insurance Fraud Division works closely with many different partners in the fight against insurance fraud. Some of these include the public, insurance companies, the National Insurance Crime Bureau (NICB), the Coalition Against Insurance Fraud, other state and local police agencies, as well as many different federal agencies such as the FBI and Health and Human Services.

Our cooperative effort with the Utah Attorney General's Office creates an opportunity to have three assistant attorneys general assigned exclusively to the Insurance Fraud Division. Having dedicated attorneys means they understand the complexities of insurance fraud, and are able to focus their entire efforts in prosecuting this type of crime.

Every other month the Insurance Fraud Division, with the assistance of NICB, host an information sharing meeting with investigators from the health insurance sector, the property and casualty insurance sector, the Medicaid Fraud Task Force, the FBI, and other criminal investigative agencies.

These meetings serve to bring awareness to criminal trends, identify subjects who file claims with multiple insurance companies, and reduce loss from emerging fraud schemes.







FY 2012 Referrals By Type

Total Referrals - 756			
Agent Fraud	37	False Property Theft	25
Application Fraud	50	False Auto Theft	30
Healthcare	24	Staged Collisions	44
Exaggerated Injuries	28	False Loss	21
False Claims	13		

Restitution Collected

The Insurance Fraud Division is a primary source for the collection and tracking of restitution paid in the cases prosecuted by the Division. Defendants pay restitution directly to the Division. The Division processes and accounts for the payments and issues payment to the appropriate victims in the case.

In cases prosecuted federally, restitution is not paid through the Division and is captured as outside restitution. In these cases where outside restitution has been verified it has been included below.

In FY 2013, Insurance Fraud Division prosecutions resulted in collecting \$516,928 in restitution for victims. During this same period we were successful in collecting over \$201,535 in investigation costs from defendants.

The Insurance Fraud Division prioritizes the payment of restitution to victims first and investigative costs to the Fraud Division second.



Prosecution Summaries

The following pages provide a summary of the cases in which criminal charges were filed in Fiscal Year 2013. A few of these cases are still pending completion of the judicial process and have not yet resulted in convictions or other dispositions.

The monetary values listed for the following cases represent either actual loss or the attempted claim loss in the case.

















STATE vs. SALIE Filing Date: 7/02/2012

\$5,900 **Charges:** Esurance:

Insurance Fraud, 1 count, Felony 2

Operating a Vehicle W/O Insurance, Misdemeanor B

Auto Accident Past Posting:

Salie was driving her 2003 Buick without insurance when she was involved in an accident. Salie called her daughter to have her obtain an insurance policy and then claimed the accident occurred after she was insured.

Case Status:

Salie pled guilty to Insurance Fraud.

STATE vs. DAVIS Filing Date: 7/03/2012

Charges: Allstate Ins: \$20,917 Insurance Fraud, 6 counts, Felony 2 \$19,577 Liberty Mutual Ins:

Forgery, 6 counts, Felony 3 Nationwide Ins: \$16,346 Insurance Fraud, 1 count, Misdemeanor A) Zurich Ins:

False Information to Police, 1 count, Misdemeanor B

False Burglaries, Vandalisms, and Accident Claims:

During a six month period of time, Davis submitted at least seven different fraudulent insurance claims involving vehicle accidents, burglaries, and vandalism claims. Davis submitted a number of forged receipts and other documents in order to lend credibility to the claims. Davis also submitted claims for auto accident damages which were pre-existing.

Case Status:

Davis pled guilty to Insurance Fraud and Forgery and was sentenced to prison for nine (1-5 year sentences) and one (1-15 year) prison sentence.

\$775

STATE vs. MIJARES Filing Date: 7/17/2012

Charges: Farmers Insurance: \$42,163

Pattern of Unlawful Conduct, 1 count, Felony 2 Insurance Fraud, 2 counts, Felony 3 Forgery, 2 counts, Felony 3 Theft by Deception, 1 count, Misdemeanor B

Insurance Agent Fraud:

Over a two year period of time, Mijares created false documents that were used to reduce cost of insurance to policy holders. Mijares altered cancelled policies to reflect an earlier cancellation date which resulted in refunds to the policy holder which Mijares kept for her own use.

Case Status:

Mijares pled guilty to Insurance Fraud and Forgery. Her Insurance Agent License was revoked by the Department of Insurance.

STATE vs. PAXMAN Filing Date: 7/17/2012

Charges:
PEHP Insurance: \$3,458
Pattern of Unlawful Activity, 1 count, Felony 2 Educators Mutual: \$20,097
Insurance Fraud, 5 counts, Felony 2 Medicaid: \$9,102

Billing for Medical Services Not Provided:

Dr. Paxman routinely billed insurance for performing color blindness tests on patients using an anomaloscope which Paxman did not own or use. In addition Paxman billed insurance claiming he had performed eye exams actually performed by another doctor who was not on the insurance provider list. This resulted in overpayment for the actual services provided.

Case Status:

Paxman guilty to Insurance Fraud and False Claims for Benefits and was sentenced to probation and paid back the insurance companies involved.

STATE vs. BROWN Filing Date: 7/17/2012

Charges: GEICO Insurance: \$7,000

Pattern of Unlawful Conduct, 2 counts, Felony 2 Farmers Insurance: \$50,000 Insurance Fraud, 3 counts, Felony 2 IMC Hospitals:

Theft of Services, 1 count, Felony 2

Theft of Services, 2 counts, Felony 3

Issuing Bad Checks, 2 counts, Felony 2

Communications Fraud, 6 counts, Felony 2

Theft, 4 counts, Felony 2

Forgery, 2 counts, Felony 3

Theft, 1 count, Misdemeanor B

Theft of Services, 1 count, Misdemeanor B

False Auto Accident Injuries:

Brown filed several insurance claims stating that he was injured in and auto accident. Brown would receive treatment at an emergency room, pay for services using a bad check, then sought a refund from the hospital in lieu of insurance payment and also sought direct reimbursement from insurance for services he claimed to have paid to the hospital. Brown also attempted to take out a loan on his auto after it had been repossessed.

Case Status:

Court case is pending.

STATE vs. ASHTON Filing Date: 7/26/2012

Charges Filed: \$343,837

Insurance Fraud, 1 count, Felony 2

Agent Fraud/Cross Border Sales:

Ashton sold Nevada annuities to Utah residents. To do so he falsified the applicant's home address to make them appear to reside in Nevada rather than in Utah. Nevada annuities allow for more risk than those permitted in Utah.

Case Status:

Ashton entered a plea to a diversion agreement and was ordered to pay civil penalties and a percentage of commissions gained as a result of improper sales..

STATE vs. JEX Filing Date: 7/26/2012

Charges Filed: Allstate Insurance: \$722

Insurance Fraud, 1 count, Misdemeanor A Forgery, 1 count, Felony 3

Fictitious Repairs/Forged Receipt:

Jex filed a damaged windshield claim and presented an estimate receipt on which she had altered the windshield cost. She also altered the receipt to make it appear the repair had been made and that she had paid for the repair.

Case Status:

Jex pled guilty to Insurance Fraud and Attempted Forgery.

STATE vs. CHILD Filing Date: 7/30/2012

Charges Filed: PDR Ins: \$0

Forgery, 1 count, Felony 3

Agent Fraud/Issuing False Policy:

Child created an insurance policy for a friend who was sponsoring a Ultimate Combat Fight. Child was not paid for the policy and the policy never existed. When fighters attempted to file claims, they discovered no insurance policy was in place.

Case Status:

Child pled guilty to Forgery. His Insurance License was revoked by the Department of Insurance.

STATE vs. COLE Filing Date: 7/31/2012

Charges Filed: S4.338

Insurance Fraud, 1 count, Felony 3

Past Posting Auto Accident:

The Coles obtained a liability only auto policy. A few days later they had an accident. The Coles added full coverage to their policy after an accident and then claimed the accident occurred after the full coverage was added.

Case Status:

The Coles each pled guilty to Insurance Fraud.

STATE vs. SULLIVAN	Filing Date:	8/01/2012	
Charges Filed:	Allstate Ins:	\$9,091	
Pattern of Unlawful Conduct, 1 count, Felony 2	Homesite Ins:	\$9,679	
Computer Crimes, 1 count, Felony 2	IDS Ins:	\$4,196	
Insurance Fraud, 5 counts, Felony 2	Travel Insured:	\$2,844	
Insurance Fraud, 9 counts, Felony 3	TruTravel/Nationwide: \$2,000		
Communications Fraud, 1 count, Felony 3	Travel Guard Ins:	\$3,330	
Theft by Deception, 1 count, Felony 3	Safeware Ins:	\$1,509	
Forgery, 8 counts, Felony 3	Tripmate Ins:	\$5,104	
	AMEX Ins:	\$6,454	
100000	CSA Ins:	\$8,210	
OF TI	Old Republic Ins:	\$3,617	
	Allianz Ins:	\$7,002	
	Delta Airlines:	\$3,126	
	Frontier Airlines:	\$3,229	
	Skywest Airlines:	\$2,994	
	Bank of America:	\$13,124	
	Chase Bank:	\$8,975	
INDUSTRY INDUSTRY	Citi Bank:	\$4,048	
A So	Wells Fargo Bank:	\$529	
	Sams Discover Card:	\$1,117	
	Pacsun:	\$444	
18 4 7	CCS:	\$206	
A SE VALME	Burton:	\$404	
Children of the	MMA Warehouse:	\$220	
	Dogfunk:	\$425	
· · · · · · · · · · · · · · · · · · ·	Buckle:	\$477	
1898	Chefs:	\$154	
A Second			

Staged Vehicle Burglaries, mail thefts, luggage thefts, Identity theft:

Sullivan filed at least 29 false insurance claims over a six month period of time. Sullivan purchased multiple insurance policies, traveled out of state where he intentionally broke out his rental car windows and then filed false vehicle burglary reports. Sullivan presented forged receipts in support of items he claimed to be stolen. In addition to the false insurance claims, Sullivan filed false lost luggage claims with airlines, lost mail claims for mail orders, and false credit card theft and usage claims.

Case Status:

Sullivan pled guilty to all 26 felony charges. He was sentenced to 9 months in jail and 26 consecutive "1 year plus" prison sentences if he fails to complete all ordered requirements of probation or fails to pay all restitution.

STATE vs. KLIPFEL Filing Date: 07/30/2012

Charges Filed: Progressive Insurance: \$3,624

Insurance Fraud, 1 count, Felony 3

Staged Auto Accident:

Truslow damaged his truck while backing a trailer while his vehicle was uninsured. Truslow and Klipfel conspired to claim damage occurred to the truck while parked at a Home Depo after insurance was obtained for the truck.

Case Status:

Klipfel pled guilty to Insurance Fraud

STATE vs. TRUSLOW Filing Date: 07/30/2012

Charges Filed: Progressive Insurance: \$3,624

Insurance Fraud, 1 count, Felony 3

Staged Auto Accident:

Truslow damaged his truck while backing a trailer while his vehicle was uninsured. Truslow and Klipfel conspired to claim damage occurred to the truck while parked at a Home Depo after insurance was obtained for the truck.

Case Status:

Klipfel pled guilty to Insurance Fraud

STATE vs. CRITCHLOW 08/22/2012

Charges Filed: State Farm Insurance: \$23,323

Insurance Fraud, 1 count, Felony 2

Communications Fraud, 1 count, Felony 2

Forgery, 1 count, Felony 3

False Information to Law Enforcement, 1 count, Misdemeanor A

Inflated Loss/Forged Receipts:

Critchlow reported his home burglarized to his local police department and later filed an insurance claim. Critchlow provided false receipts to State Farm Insurance for items he claimed were stolen in the burglary.

Case Status:

Critchlow pled guilty to Insurance Fraud and Forgery.

STATE vs. BALLING Filing Date: 08/15/2012

Charges Filed: Mid Century: \$5,949

Insurance Fraud, 1 count, Felony 2

Communications Fraud, 1 count, Felony 2

Past Posting/Uninsured Accident:

Balling's auto insurance lapsed in September of 2011. Balling had an accident while uninsured in November. Balling filed a false police report and insurance claim, stating the accident occurred in September, prior to the insurance policy ending.

Case Status:

Balling pled guilty to Insurance Fraud.

STATE vs. ZAVALA Filing Date: 08/16/2012

Charges Filed: \$2,500

Insurance Fraud, 1 count, Felony 3

False Theft from a Vehicle:

Zavala claimed engine air filter parts were stolen from his car. Zavala submitted photos claiming to be of the equipment in his car; when the photos were obtained from the internet. Zavala never owned or possessed the equipment he reported stolen.

Case Status:

Zavala pled guilty to Insurance Fraud.

STATE vs. YOUSSEFI Filing Date: 08/16/2012

Charges Filed: State Farm: \$48,649

Insurance Fraud, 1 count, Felony 2

Staged Burglary:

Youssefi had several associates store items he removed from his residence. Youssefi then reported these items were stolen in a burglary to police and State Farm Insurance.

Case Status:

Youssefi pled guilty to Insurance Fraud

STATE vs. CROSE Filing Date: 08/29/2012

Farmers Insurance: \$5,007 American Family Ins: \$500 Farm Bureau Ins: \$417

Charges Filed: Fart Pattern of Unlawful Activity, 1 count, Felony 2

Insurance Fraud, 1 count, Felony 3

Insurance Fraud, 2 counts, Misdemeanor B

Identity Fraud, 1 count, Felony 3

False Glass Repair Charges:

Between October 2010 and July 2012, while operating Precise Auto Glass Repair. Crose obtained personal information from victims including policy numbers, names, addresses and telephone numbers. Crose used this information to call insurance companies, impersonate the policy holder, and file false auto glass repair claims. Crose filed several hundred false claims.

Case Status:

Crose Pled guilty to Insurance Fraud and Identity Fraud.

STATE vs. KELLING Filing Date: 09/05/2012

Charges Filed: Multiple Victims: \$65,217

Theft by Deception, 1 count, Felony 2 Theft by Deception, 1 count, Felony 3 Insurance Fraud, 1 count, Felony 3

Insurance Agent Fraud/Premium Theft:

Insurance agent Kelling, while operating Kelling Insurance Agency, took premium payments from several commercial clients. Kelling kept the premium payments and never issued the insurance policies, in effect, stealing his clients money and putting them at risk with no insurance coverage.

Case Status:

Kelling pled guilty to Theft by Deception and Insurance Fraud. He has been ordered to pay back all victims and any other victims discovered in the next year.

STATE vs. WRIGHT Filing Date: 09/19/2012

Charges Filed: American Family Ins: \$2,609

Insurance Fraud, 1 count, Felony 3

Inflated Burglary Loss:

Wright's residence was broken into several items were stolen. The suspect in the burglary was later arrested and property was recovered. Wright falsely reported his laptop computer was stolen, when only the power cord was missing. He also attempted to claim damage to a door, however the door damage was pre-existing.

Case Status:

Wright pled guilty to Insurance Fraud.

STATE vs. HANSEN Filing Date: 09/19/2013

Charges Filed: Liberty Mutual Ins: \$0

Forgery, 1 count, Felony 3

Forged Workers Compensation Forms:

Hansen filed a workers compensation claim with his employer and later received treatments for his injury. After treatments were completed, Hansen presented his employer with forged medical documents in an effort to get his employer to provide additional paid time off for treatment

Case Status:

Hansen pled guilty to Forgery.

STATE vs. BALLOU Filing Date: 10/10/2012

Select Health

Charges Filed:

Prescription Fraud, 5 counts, Felony 2

Identity Theft, 2 counts, Felony 3

Insurance Fraud, 1 count, Misdemeanor B

Doctor Shopping/Forged Prescriptions:

Ballou stole and forged a number of prescriptions from the medical facility she had worked for. Ballou also visited several different doctors in an effort to obtain controlled substances.

Case Status:

Ballou pled guilty to Prescription Fraud, Identity Fraud, and Insurance Fraud.

\$300

STATE vs. DAHIR Filing Date: 10/24/2012

Charges Filed: State Farm Ins: \$10,717

Insurance Fraud, 1 count, Felony 2

Inflated Auto Accident Damages:

Dahir had a minor accident in which he ran into the back of another vehicle pushing it a few feet forward. When reporting the accident to his insurance, Dahir claimed to have pushed the other vehicle over a hundred feet and claimed to have also sideswiped a concrete barrier. Damages to Dahir's car were pre-existing and not related to this minor accident.

Case Status:

Dahir pled guilty to Insurance Fraud.

STATE vs. GATT

Filing Date:

10/23/2012

Charges Filed:

State Farm Ins:

\$30,000

Pattern of Unlawful Activity, 1 count, Felony 2 Insurance Fraud, 2 counts, Felony 2 Forgery, 8 counts, Felony 3

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False Theft Claims:

On or about October of 2011, Gatt reported his back pack stolen containing over \$9,000 in camera equipment. It was discovered that Gatt had his backpack and equipment seized by police after his arrest months earlier in Brazil. On or about December of 2011, Gatt filed a new theft claim, that his back pack containing over \$20,000 in property was stolen from while at an airport. Documents Gatt submitted for equipment reported stolen were discovered to be forged.

Case Status:

Gatt pled guilty to Insurance Fraud and Forgery.

STATE vs. PERRY Filing Date: 10/29/2012

Charges Filed: Trans America Life: \$60,180

Insurance Fraud, 1 count, Felony 2

Collecting Unauthorized Death Benefits:

Perry collected weekly benefits as a result of her husbands work related death for many years. When Perry remarried, she continued to claim she was single in an effort to continue to collect benefits she was no longer entitled to receive.

Case Status:

Perry pled guilty to Insurance Fraud

STATE vs. PARTINGTON Filing Date: 10/29/2012

Charges Filed:

Insurance Fraud, 2 counts, Felony 3

False Info to PD, 1 count, Misdemeanor B

State Farm Ins: \$2,638 American Bankers Ins: \$2,911 American Modern Ins: \$3,486 Homesite Ins: \$3,560 Allstate Ins: \$4,030 Total All Claims: \$16,625

False Bicycle Theft Claims:

Partington filed multiple bicycle thefts with several different insurance companies. It was discovered that Partington had actually sold the claimed bike to another person.

Case Status:

Partington pled guilty to Insurance Fraud.

STATE vs. JADAMA Filing Date: 10/30/2012

Charges Filed: American Family Ins: \$8,206

Insurance Fraud, 1 count, Felony 2

Possession of Controlled Substance, 1 count, Felony 2

Staged Auto Theft/Owner Give Up:

In May of 2012, Jadama reported his 2002 Jaguar stolen. The vehicle was recovered the next day a few blocks away. Jadama told insurance his vehicle was in sound working condition. It was discovered that two weeks prior, the Jaguar had thrown a rod and the engine was not working. The Jaguar was towed to Jadama's residence and was not repaired.

Case Status:

Scheduled for trial.

STATE vs. SMITH Filing Date: 11/15/2013

Charges Filed: Allstate Ins: \$36,500
Insurance Fraud, 1 count, Felony 2 National Restoration: \$11,133

Insurance Fraud, 1 count, Misdemeanor B

Theft of Services, 1 count, Felony 2 Communications Fraud, 1 count, Felony 2

Past Posting/Commercial Building Policy:

Smith was owner of a business and building. Smith allowed her insurance policy to lapse while trying to sell the building. During this lapse in coverage a water leak occurred causing damage to the building and contents. Smith reinstated her insurance policy and claimed the water damage occurred after the policy was in force.

Case Status:

Smith pled guilty to Attempted Theft and Insurance Fraud.

STATE vs. STOKES Filing Date: 10/30/2012

Charges Filed: State Farm: \$3,797

Insurance Fraud, 1 count, Felony 3

Pre-existing Accident Damages:

Stokes purchased a trailer with pre-existing damages. Stokes later filed an insurance claim stating a deer had run out and struck the trailer while he was transporting it home. The previous owner confirmed that all claimed damage had occurred to the trailer prior to Stokes purchasing it.

Case Status:

Stokes pled guilty to Insurance Fraud.

STATE vs. STRICKLAND Filing Date: 11/20/2012

Charges Filed: Cambia Insurance: \$10,790
Insurance Fraud, 1 count, Felony 2
Altius Health: \$18,067
Select Health: \$102

Application Fraud/Unqualified Health Benefits:

Strickland had his girlfriend list him on her employers insurance as if they were married. While doing so, Strickland received over \$28,000 in health care benefits paid by the girlfriends different employers insurance plans.

Case Status:

Strickland pled guilty to Insurance Fraud.

STATE vs. KARTCHNER Filing Date: 11/28/2012

Charges Filed: Farm Bureau: \$56,000

Racketeering, 1 count, Felony 2 Insurance Fraud, 1 count, Felony 2 Identity Fraud, 2 counts, Felony 3

Agent Fraud/Creating Fictitious Policies:

Kartchner, a licensed insurance agent, created fictitious insurance policies using invalid names and addresses, in an attempt to obtain commissions he was not entitled to from Farm Bureau Insurance. Kartchner also forged the signature of at least one policy holder for electronic funds transfers.

Case Status:

Kartchner pled guilty to Insurance Fraud and Forgery. His insurance license was revoked by the Department of Insurance.

STATE vs. WILLIAMS

Filing Date: 11/28/2012

\$913

Charges Filed: Travelers Ins:

Insurance Fraud, 1 count, Misdemeanor A

Prior Accident Damage:

In April of 2012, another vehicle backed into Williams's vehicle while it was parked. The responsible person and a security guard noted minor damage and prior existing damage to the Williams vehicle. Williams attempted to claim prior damage was caused by the current accident. It was discovered that Williams vehicle had been damaged in a prior accident in November of 2010 in which he received an insurance settlement.

Case Status:

Williams pled guilty to Insurance Fraud

STATE vs. POTTER Filing Date: 12/05/2012

Charges Filed: New York Life: \$1,280

Forgery, 7 counts, Felony 3

Insurance Fraud, 2 counts, Misdemeanor A

Agent Fraud/Forged Applicant Signatures:

Potter, an insurance agent, forged signatures of policy holders and issued Universal Life Policies rather than the Whole Life Policies the policy holders had requested. This allowed Potter to obtain greater commissions than he was entitled to.

Case Status:

Potter pled guilty to Insurance Fraud, and Attempted Forgery and his Insurance License was revoked by the Department of Insurance.

STATE vs. ROSS Filing Date: 12/10/2012

Charges Filed: \$1,800

Insurance Fraud, 1 count, Misdemeanor A

Loss Claims through Multiple Insurance Companies:

In March of 2012, Ross reported a burglary and filed a loss claim with State Farm Insurance. A few weeks later, Ross filed an additional loss claim with Allstate Insurance for the same property. Ross denied making multiple claims to the insurance companies.

Case Status:

Ross pled guilty to Insurance Fraud.

STATE vs. GOMEZ Filing Date: 12/12/2012

Charges Filed: Regence/Cambia: \$10,987

Insurance Fraud, 1 count, Felony 2 Identity Theft, 1 count, Felony 2 Insurance Fraud, 2 counts, Misdemeanor A Insurance Fraud, 5 counts, Misdemeanor B

Dependent Misrepresentation for Medical Benefits:

Between April and June of 2011, Gomez supplied false information regarding a minor child to obtain insurance coverage for medical treatments for the child. Gomez claimed the child to be his son, when the child was actually his girlfriends son.

Case Status:

Gomez pled guilty to Insurance Fraud

STATE vs. ROGERS 01/10/2013

Charges Filed: Regence: \$10,790
Insurance Fraud, 1 count, Felony 2 Altius Health: \$18,067
Select Health: \$102

Application Fraud/Listing Boyfriend as Spouse for Medical Benefits:

Rogers turned herself in for knowingly listing her ex-boyfriend (Stickland) as her spouse over the course of several employments. Strickland received insurance benefits he was not entitled to for medical treatments.

Case Status:

Rogers pled guilty to Insurance Fraud.

STATE vs. WRIGHT Filing Date: 01/17/2013

Charges Filed: American Family Ins: \$19,881 Insurance Fraud, 2 counts, Felony 2 Homesite Ins: \$28,540

Communications Fraud, 3 counts, Felony 2 False Info to Police, 1 count, Misdemeanor B

Staged Residential Burglary:

In June and July of 2012, the Wrights applied for and/or increased coverage limits on two different renters policies. The Wrights then reported a burglary to local police and claimed thousands of dollars worth of property stolen. The Wrights denied having multiple insurance polices. The Insurance Fraud Division obtained a search warrant for the Wright's apartment, and seized numerous items the Wrights had reported stolen, in their apartment.

Case Status:

Both Wrights pled guilty to Insurance Fraud and Communications Fraud.

STATE vs. EHMAN 01/18/2013

Charges Filed: \$3,832

Insurance Fraud, 1 count, Felony 3

Auto Accident Past Posting/Lowering Deductible:

Ehman obtained a auto policy through GEICO for his 1997 Audi. In January of 2012 Ehman added full coverage to the Audi and lowered his deductible to a lesser amount. A few weeks later, Ehman reported an accident where he had slid of the road and hit some trees. Ehman claimed the accident occurred after he had increased his coverage and lowered his deductible. The investigation discovered the accident occurred prior to Ehman increasing his coverage and lowering his deductible.

Case Status:

Ehman pled guilty to Insurance Fraud.

STATE vs. GREER Filing Date: 02/05/2013

Charges Filed: Liberty Mutual: \$1,503

Insurance Fraud, 1 count, Felony 3

False Rape/Benefits Claim:

Greer filed a police report that she was raped at her place of employment. As a result of this claim, Greer received benefits from the employer's insurance to cover treatment. Greer later admitted the rape did not occur.

Case Status:

Greer pled guilty to Insurance Fraud.

STATE vs. VILELA

Filing Date:

02/20/2013

Charges Filed:

Farm Bureau Ins:

\$2,405

Insurance Fraud, 2 counts, Misdemeanor A
Communications Fraud, 1 count, Misdemeanor A

Multiple Duplicate Claims for Prior Damage:

In May of 2011, Vilela filed a claim for damage to his 1996 Mitsubishi 3000GT caused by a tree branch falling on his car. This claim was paid. In November of 2011 Vilela filed a new claim for the same damage to his car from a tree branch. This claim was paid. In March of 2012, Vilela again filed a claim for damage, stating his car had been damaged by a garbage can blowing into his car. All damage was from the first claim.

Case Status:

Vilela pled guilty to Insurance Fraud and Communications Fraud.

STATE vs. PAINTER Filing Date: 03/07/2013

Charges Filed: GEICO: \$7,385

Insurance Fraud, 1 count, Felony 2 Communications Fraud, 1 count, Felony 2

Auto Accident Past Posting:

Painter's car insurance had a lapse in coverage and was later cancelled. Painter made an initial accident claim which was denied as she was not insured. Painter reinstated her auto insurance policy and then claimed the accident occurred on a different date. Painters vehicle had been impounded prior to both reported accident dates and was not drivable due to damage. Both claims were denied.

Case Status:

Pending Court Action.

STATE vs. BOREN 03/08/2013

Charges Filed: WanSutter Ins: \$0
Forgery, 1 count, Felony3

Forged Certificate of Insurance:

Boren obtained a copy of a certificate of insurance off the internet. Boren then altered this document and listed a local insurance agent on the certificate. Boren used this certificate of insurance in an effort to obtain business for his construction company.

Case Status:

Boren pled guilty to Insurance Fraud.

STATE vs. WILSON Filing Date: 03/09/2013

Charges Filed: Kemper Ins: \$2,186

Insurance Fraud, 1 count, Felony 3

Auto Accident Past Posting:

Wilson obtained insurance for two vehicles on August 1, 2012 after his coverage had lapsed for non-payment from another insurance company. Wilson obtained full coverage for his older 2003 Suburban while obtaining liability only for his newer Jeep. A few hours later, Wilson filed a claim that he had hit a deer with the Suburban. None of the information provided by Wilson has been validated.

Case Status:

Court Case Pending

STATE vs. LEBARON

Filing Date:

Hartford Ins:

03/06/2013

\$1,937

Charges Filed:

Insurance Fraud, 1 count, Felony 3

Communications Fraud, 2 counts, Felony 3

False Auto Damage:

Labaron's 2002 Pontiac was damaged in November of 2009 after hitting a pole. In April of 2012, Labaron filed a claim that her 2002 Pontiac was damaged by a tow truck. Photos of the damage which occurred in 2009 is identical to damage reported in 2012.

Case Status:

Court Case Pending Plea.

STATE vs. ALLEN Filing Date: 03/11/2013

Charges Filed: Select Health: \$13,494

Insurance Fraud, 1 count, Felony 3 Forgery, 5 counts, Felony 3

Coverage Misrepresentation/Forged Documents:

Allen was receiving Medicaid benefits. Allen claimed to be in the "donut hole" for her prescription coverage and filed benefit claims through her husbands insurance, Select Health. Allen altered pharmacy receipts in order to obtain benefits.

Case Status:

Allen pled guilty to Insurance Fraud and Forgery.

STATE vs. VALENZUELA

Filing Date:

03/14/2013

Charges:

United Ins Group:

\$1,462

Insurance Fraud, 1 count, Felony 3
Communications Fraud, 1 count, Felony 3

False Auto Damage Claim:

Valenzuela's 2000 BMW was damaged in an accident in June of 2012. He was paid on this claim by the at fault drivers insurance company. In October of 2012, Valenzuela submitted a claim to CSE Safe Guard/United Insurance Group, claiming his vehicle had been hit while parked at his mothers home. The damage in the new claim was identical to the damage in the prior claim.

Case Status:

Valenzuela pled guilty to Insurance Fraud and Communications Fraud.

STATE vs. SANTOS Filing Date: 03/28/2013

Charges Filed: American Family Ins: \$3,019

Insurance Fraud, 1 count, Felony 3 Criminal Mischief, 1 count, Felony 3

Staged Auto Theft/Owner Give Up:

Rosales's 2002 Nissan Altima was having mechanical issues. She paid Santos to fix the vehicle. When it became clear the vehicle could not be repaired, Santos suggested they stage a theft of the vehicle and Rosalas could get insurance to pay for it. Santos removed the engine and ditched the vehicle, while Rosalas reported the car stolen to police and American Family Insurance.

Case Status:

Santos pled guilty to Insurance Fraud and Criminal Mischief.

STATE vs. ROSALES 5 03/28/2013

Charges Filed: American Family Ins: \$3,019

Insurance Fraud, 1 count, Felony 3
False Info to Police, 1 count, Misdemeanor B

Staged Auto Theft/Owner Give Up:

Rosales's 2002 Nissan Altima was having mechanical issues. She paid Santos to fix the vehicle. When it became clear the vehicle could not be repaired, Santos suggested they stage a theft of the vehicle and Rosalas could get insurance to pay for it. Santos removed the engine and ditched the vehicle, while Rosalas reported the car stolen to police and American Family Insurance.

Case Status:

Court case is pending.

STATE vs. SUAREZ Filing Date: 03/25/2013

Charges Filed: United Insurance Group: \$1,039

Insurance Fraud, 1 count, Misdemeanor A

Prior Auto Damage:

Suarez obtained insurance on her vehicle through United Insurance and later filed a damage claim. When photos taken of Suarez's vehicle on the date she obtained her policy, were examined; it was discovered the damage Suarez was claiming in the new incident had occurred prior to obtaining insurance.

Case Status:

Court case is pending.

STATE vs. JHAMB O3/27/2013

Charges Filed: \$74,743
Racketeering, 1 count, Felony 2 Selective Ins: \$20,000
Insurance Fraud, 2 counts, Felony 2 MetLife Ins: \$39,553
False Info to Police, 2 counts, Misdemeanor B Vericlaim: \$26,973

False Burglary and Damage Claims:

Jhamb filed several different burglary, theft, and damage claims between 2009 and 2012. The alleged burglaries occurred at his condo in Alta. The items reported stolen were the same in several of the claims. Jhamb filed a damage claim in New Jersey following a Hurricane for items he had reported stolen in Utah.

Case Status:

Court Case Pending.

STATE vs. NGOYI Filing Date: 05/13/2013

Charges Filed: GEICO: \$7,160

Insurance Fraud, 1 count, Felony 2

False Auto Accident/False Claims:

Ngoyi and Warner had a heated dispute. When Ngoyi went to leave in his car, he hit Warner's vehicle. Ngoyi hit Warner's vehicle several times with his own vehicle. Warner used a rock and his foot to inflict damage to Ngoyi's vehicle. Ngoyi also used a rock to cause further damage to Warner's vehicle. Warner later filed an accident claim with GEICO claiming Ngoyi accidently hit his car while backing. Ngoyi also filed a claim stating he had hit Warner's car by accident. Both cars were significantly damaged.

Case Status:

NGOYI pled guilty to Insurance Fraud.

STATE vs. WARNER 5 05/13/2013

Charges Filed: \$8,424

Insurance Fraud, 1 count, Felony 2

False Auto Accident/False Claims:

Ngoyi and Warner had a heated dispute. When Ngoyi went to leave in his car, he hit Warner's vehicle. Ngoyi hit Warner's vehicle several times with his own vehicle. Warner used a rock and his foot to inflict damage to Ngoyi's vehicle. Ngoyi also used a rock to cause further damage to Warner's vehicle. Warner later filed an accident claim with GEICO claiming Ngoyi accidently hit his car while backing. Ngoyi also filed a claim stating he had hit Warner's car by accident. Both cars were significantly damaged.

Case Status:

Warner pled guilty to Insurance Fraud.

STATE vs. VAZQUEZ Filing Date: 04/30/2013

Charges Filed:Farmers Ins:\$7,645Insurance Fraud, 1 count, Felony 2Allstate Ins:\$8,900Insurance Fraud, 3 counts, Felony 3AAA:\$3,000

Insurance Fraud, 1 count, Misdemeanor A Communications Fraud, 1 count, Felony 2 Theft by Deception, 2 counts, Misdemeanor B

False Information to Police, 1 count, Misdemeanor A

False Residential Burglary/Exaggerated Injuries:

Vazquez was involved in two separate false claims.

The first was a burglary where Vazquez obtained a renters policy and then filed a burglary report three days later. Vazquez alleged several items of jewelry were taken and electronics were damaged. It appears Vazquez later pawned several jewelry and electronic items claimed in the burglary.

The second incident involved an auto accident. Vazquez was a passenger in a vehicle when another vehicle backed into them in a parking lot. Vazquez and the driver conspired to feign injury and claim a phantom third passenger to increase their settlement amount. Vazquez forged dollar values paid for prescriptions she received as a result of her injury claim, in an effort to increase payment from insurance.

Case Status:

Court case pending.

STATE vs. DURFEY Filing Date: 06/14/2013

Charges Filed: PEHP Ins: \$9,766

Insurance Fraud, 1 count, Felony 2

False Medical Claims:

Durfey worked for a dental office and submitted forged dental claims for herself and her husband for dental services that were never performed. Neither the dentist or her husband knew about the false claims.

Case Status:

Court Case Pending

STATE vs.



Utah Insurance Department

3110 State Office Building Salt Lake City, Utah 84114

801-538-3800 (Office) http://www.insurance.utah.gov

Fraud Division

230 S. 500 E. Suite #170 Salt Lake City, Utah 84102

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